

Member Information

Please complete this form and return it with your invoice. Please type or print legibly.



Name of Institution	
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Name of President _____
Campus Address _____
Street Address _____
Phone _____
Email _____

LEAD California/CSU East Bay 25800
Carlos Bee Blvd., SF 312, Hayward,
CA 94542
510-885-7620 (phone)
liane@cacampuscompact.org (email)

This form was prepared by

Name: _____
Dept: _____
Phone: _____

Presidential Executive Assistant Contact

Name (Mr./Ms./Dr.) _____
Title _____
Office _____
Campus Address _____
Street Address _____
Phone _____
Email _____

Chief Academic Officer Contact

Name (Mr./Ms./Dr.) _____
Title _____
Office _____
Campus Address _____
Street Address _____
Phone _____
Email _____

Community Service / Service-Learning Contact

Name (Mr./Ms./Dr.) _____
Title _____
Office _____
Campus Address _____
Street Address _____
Phone _____
Email _____

Faculty Service-Learning Contact

Name (Mr./Ms./Dr.) _____
Title _____
Office _____
Campus Address _____
Street Address _____
Phone _____
Email _____

Press Contact

Name (Mr./Ms./Dr.) _____
Title _____
Office _____
Campus Address _____
Street Address _____
Phone _____
Email _____

Government Relations Contact

Name (Mr./Ms./Dr.) _____
Title _____
Office _____
Campus Address _____
Street Address _____
Phone _____
Email _____